

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/856847**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65	/					
16		/					66		/				
17		/					67		/				
18		/					68	/					
19		/					69		/				
20		/					70		/				
21		/					71	/					
22		/					72	/					
23		/					73	/					
24		/					74	/					
25		/					75	/					
26		/					76	/					
27		/					77						
28		/					78						
29	/						79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40	/						90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	11	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	65	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	76					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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